



**PHYSICIAN STATE/COMMUNITY MATCHING  
LOAN REPAYMENT PROGRAM APPLICATION**

ND Department of Health  
Division of Health Facilities  
SFN 18571 (8-2001)

Telephone: 701.328.2894

Dept. Use Only

File Number:

Name of Physician				
Home Address	City	State	Zip Code	Home Phone
Office Address	City	State	Zip Code	Office Phone
Social Security Number		I prefer to be contacted at <input type="checkbox"/> Home <input type="checkbox"/> Office <input type="checkbox"/> Either		
Identify your specialty  _____ General Practice    _____ Family Practice    _____ General Surgery    _____ Internal Medicine _____ Pediatrics    _____ Psychiatry    _____ OB/Gyn _____ Other, please specify:				
<b>TRAINING</b>				
Medical School			Year of Graduation	
Internship			Year of Completion	
Residency			Year of Completion	
Post Graduate			Year of Completion	
Certification Status  <input type="checkbox"/> NDBME <input type="checkbox"/> FLEX <input type="checkbox"/> ECFMG <input type="checkbox"/> Other				
Current Status  <input type="checkbox"/> Chief Resident (Circle year: 1 2 3 4 5 ) <input type="checkbox"/> Resident (Circle year: 1 2 3 4 5 ) <input type="checkbox"/> Medical Director (Circle year: 1 2 3 4 5 ) <input type="checkbox"/> Practice <input type="checkbox"/> Teaching <input type="checkbox"/> Administration <input type="checkbox"/> Other				

State License	State	Year	License Number	
Practice Experience	Location	Type	Years	
Hospital Privileges	Location	Type	Years	
<b>OUTSTANDING MEDICAL EDUCATION LOANS</b>				
Lender/Address	Loan #	Amount	Balance	Date Loan Must Be Paid
Are you in default on any loans? If yes, identify loan and amount.				
How much money are you requesting? (You may request no more than \$40,000)				
Name of North Dakota community where you will practice		Date you will be able to begin		
Do you have a medical license in any state or country other than North Dakota? If yes, please specify.				
Are you currently in litigation? If yes, please explain.				
<b>EMPLOYMENT HISTORY (List most recent employer first)</b>				
Employer	Address		Dates Employed	

